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PTO/SB/18 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 618.003	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Named Inventor Joseph P. McDonald	
		Title SYSTEM FOR SEPARATING FLUID-BORNE MATERIAL FROM A FLUID THAT CARRIES PARTICULATE MATTER ALONG WITH THE MATERIAL	
		Express Mail Label No. EV313038714US	
APPLICATION ELEMENTS  See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. (X) Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		8. ( ) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
2. (X) Applicant claims small entity status See 37 CFR 1.27		a. ( ) Computer Readable Form (CRF)	
3. (X) Specification [Total Pages 25] (preferred arrangement set forth below, MPEP 1503.01) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claims - Abstract of the Disclosure		b. ( ) Specification Sequence Listing on: i. ( ) CD-ROM or CD-R (2 copies); or ii. ( ) paper	
4. (X) Drawing(s) (35 U.S.C. 113) [Total Sheets 16]		c. ( ) Statement verifying identity of above copies	
5. Oath or Declaration [Total Pages 1] a. (X) Newly executed (original or copy) b. ( ) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 16 completed) i. ( ) DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63 (d)(2) and 1.33 (b).		ACCOMPANYING APPLICATION PARTS	
6. ( ) Application Data Sheet. See 37 CFR 1.76		9. ( ) Assignment Papers (cover sheet & document(s))	
7. ( ) CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		10. ( ) 37 CFR 3.73(b) Statement ( ) Power of Attorney (when there is an assignee)	
		11. ( ) English Translation Document (if applicable)	
		12. ( ) Information Disclosure Statement (IDS)/PTO-1449 ( ) Copies of IDS Citations	
		13. ( ) Preliminary Amendment	
		14. (X) Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		15. ( ) Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. ( ) Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i) - Applicant must attached form PTO/SB/35 or its equivalent	
		17. ( ) Other: _____	
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: ( ) Continuation ( ) Divisional (X) Continuation-in-part (CIP) of prior application No: 10/194,785 Prior application information: Examiner Jonathan R. Miller Group / Art Unit: 3653 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
17. CORRESPONDENCE ADDRESS			
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Name (Print/Type) Andrew S. McConnell		Registration No. (Attorney/Agent) 32,272	
Signature		Date 7/10/03	

14042 U.S. PTO  
07/10/03

<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2002</h2> <p style="text-align: center;">Patent fees are subject to annual revision.</p>		<b>Complete if Known</b>	
		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
Group Art Unit			
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No. 618.003	
TOTAL AMOUNT OF PAYMENT		(\$420.00)	

<b>METHOD OF PAYMENT (check all that apply)</b> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account Deposit Account Number: 50-1170 Deposit Account Name: Boyle, Fredrickson, Newholm, Stein & Gratz S.C. The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>FEE CALCULATION (continued)</b>																																																																																																																																																											
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Andrew S. McConnell	Registration No. (Attorney/Agent)	32,272
Signature	<i>Andrew S. McConnell</i>	Telephone	414-225-9755
		Date	7/10/03

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Applicant: JOSEPH P. McDONALD

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Dawn M. Oleszak      7-10-03  
Dawn M. Oleszak      Date